

| (Re | equestor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Address) | | |
| (Cit | ry/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Der Salzburger Corp. Name on Corporation | | | |
|---|--|--|--|
| DOCUMENT NUMBER: P17000083132 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Gerald Altacher Name of Contact Person | | | |
| Der Salzburger Corp. | | | |
| 2323 Del Prado Blvd. S. # 6 A | | | |
| Cape Coral Fl 33990 City/State and Zip Code | | | |
| <u>Gerial Address:</u> (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Gerald Altacher at 941, 268-1293 Name of Contact Person at Ode & Daytime Telephone Number | | | |
| Enclosed is a \$35,00 check made payable to the Department of State. | | | |
| Mailing Address: Street Address: Amendment Section Amendment Section | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | |
| P.O. Box 6327 Clifton Building | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. |
|---|
| 1. The name of the corporation: Der Salzburger Corp. 2. The principal office address: 2323 Del Prado Blvd. 5. #6A |
| Cape Coral, FL 33990 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10116/2017 Document number: P17000083132 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| resigned: |
| Best Florida Consulting LLC |
| ILLA SINI 20th Shael Care Coral F1 33914 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Gerald Altacher 55 5 |
| Cape Coral Fl 33990 |
| Cape Coral, Fl 33990 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Signature of an officer of director Altacher President Printed of typed name and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent O9/25/20/8 |
| If signing on behalf of an entity: |
| Typed or Printed Name |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)